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<th>Report/Resolution</th>
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<tbody>
<tr>
<td>BOT Report 01-A-23</td>
<td>Annual Report</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>BOT Report 03-A-23</td>
<td>2022 Grants and Donations</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>BOT Report 05-A-23</td>
<td>Update on Corporate Relationships</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>BOT Report 06-A-23</td>
<td>Redefining AMA’s Position on ACA and Healthcare Reform</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>BOT Report 07-A-23</td>
<td>AMA Performance, Activities and Status in 2022</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>BOT Report 08-A-23</td>
<td>Annual Update on Activities and Progress in Tobacco Control: March 2022 through February 2023</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>BOT Report 10-A-23</td>
<td>Center for Health Equity Annual Report</td>
<td>Filed.</td>
<td>For Information.</td>
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<tr>
<td>BOT Report 14-A-23</td>
<td>Advocacy of Private Practice Options for Healthcare Operations in Large Corporations</td>
<td>Recommendations in BOT Report 14, Adopted, Remainder of Report Filed.</td>
<td>Recommendation 2: Discussions and engagement continues with a national insurer for a planned launch of a pilot in 2024. The National Association of Accountable Care Organizations (NAACOS) is also involved to help identify and connect the AMA with other potential corporate partners. Discussions with potential corporate partners continue for a pilot. Due to change in leadership in a partner, planned efforts to launch a pilot in 2024 have not matured. There are active discussions with potential new partners continuing with the goal of finalizing pilot plans in 2024.</td>
</tr>
<tr>
<td>BOT Report 16-A-23</td>
<td>Informal Inter-Member Mentoring</td>
<td>Filed.</td>
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<tr>
<td>CCB Report 01-A-23</td>
<td>AMA Bylaws and Gender Neutral Language</td>
<td>Recommendation in CCB Report 1 Adopted as Amended, Remainder of Report Filed.</td>
<td>The November 2023 AMA Constitution and Bylaws was updated to incorporate gender language. Also, the Council worked with the sections to incorporate gender neutral language into the section’s Rules (Internal Operating Procedures), which subsequently were reviewed and approved by the Board. The House of Delegates Reference Manual: Procedures, Policies and Practices was also updated with gender neutral language.</td>
</tr>
<tr>
<td>CEJA Opinion 01-A-23</td>
<td>Amendment to Opinion 4.2.7, Abortion</td>
<td>Filed.</td>
<td>For Information.</td>
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<tr>
<td>CEJA Opinion 02-A-23</td>
<td>Amendment to E-10.8</td>
<td>Filed.</td>
<td>For Information.</td>
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<tr>
<td>CEJA Opinion 03-A-23</td>
<td>Pandemic Ethics and the Duty of Care</td>
<td>Filed.</td>
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Friday, May 10, 2024
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<td>CEJA Report 03-A-23</td>
<td>Short-term Medical Service Trips</td>
<td>Recommendations in CEJA Report 03 Referred and Remainder of Report Filed.</td>
<td>Council on Ethical and Judicial Affairs Report 03 on this subject will be prepared for consideration at the 2024 Annual Meeting. (Reference Committee C&amp;B)</td>
</tr>
<tr>
<td>CEJA Report 04-A-23</td>
<td>Promoting Equitable Care</td>
<td>Recommendation in CEJA Report 4 Adopted, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CEJA Report 06-A-23</td>
<td>Use of De-Identified Patient Information D-315.969</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>CEJA Report 07-A-23</td>
<td>Use of Social Media</td>
<td>Filed.</td>
<td>For Information.</td>
</tr>
<tr>
<td>CLRPD Report 01-A-23</td>
<td>Demographic Characteristics of the House of Delegates and AMA Leadership</td>
<td>Filed.</td>
<td>This informational report is prepared by the Council for the annual meetings of the HOD in odd numbered years. It includes demographic information on physicians and medical students regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty. As one means of encouraging greater awareness and responsiveness to diversity, the report presents a demographic analysis of the HOD, with comparisons to the physician population and to our AMA physician membership and, whenever possible, identifies and includes information on successful initiatives and best practices to promote diversity within state and specialty society delegations. The report is widely distributed, utilized and posted to the Council’s website, <a href="https://www.ama-assn.org/councils/council-long-range-planning-development/council-long-range-planning-development-clrpd">https://www.ama-assn.org/councils/council-long-range-planning-development/council-long-range-planning-development-clrpd</a>.</td>
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<tr>
<td>CLRPD Report 02-A-23</td>
<td>A Primer on the Medical Supply Chain</td>
<td>Filed.</td>
<td>The council developed this informational report during the height of medical supply chain disruptions resulting from the COVID epidemic; however, some of these issues continue today. The report provides a history of medical supply chain shortages, the structure of the medical supply chain, globalization of the U.S. medical supply chain, causes and consequences of failures, U.S. governmental actions to mitigate issues, and onshoring and nearshoring strategies for the U.S. medical supply chain. Additionally, the report provides insight to the future of the medical supply chain by offering approaches that may mitigate disruptions in patient care through increasing situational awareness between physicians and the supply chain. The report is posted to the Council’s website, <a href="https://www.ama-assn.org/councils/council-long-range-planning-development/council-long-range-planning-development-clrpd">https://www.ama-assn.org/councils/council-long-range-planning-development/council-long-range-planning-development-clrpd</a>.</td>
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<tr>
<td>CME Report 02-A-23</td>
<td>Financing Medical Education</td>
<td>Recommendation in CME Report 2 Adopted as Amended, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CME Report 03-A-23</td>
<td>Financial Burdens and Exam Fees for International Medical Graduates</td>
<td>Recommendation in CME Report 3 Adopted, Remainder of Report Filed.</td>
<td>Letters were sent to the leadership of the National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, Federation of State Medical Boards, Intealth, Cambridge Assessment English, and the Box Hill Institute to notify them of new AMA policy encouraging key stakeholders and others to (a) study the most equitable approach for achieving parity across U.S. MD and DO trainees and international medical graduates with regard to application, exam, and licensing fees and related financial burdens; and (b) share this information with the medical education and IMG communities. Cambridge indicated they will be in contact with the team at CBLA (Cambridge Boxhill Language Assessment) who deliver the Occupational English Test to respond on the issues raised in the CME recommendations. &lt;br&gt;The AMA recently joined the Advisory Commission to Guide Alternate Pathways for State Licensure of International Medical Graduates in support of IMGs. The commission will issue recommendations and guidance to improve conditions for IMGs, reduce workforce shortages, and improve patient access.</td>
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<td>CME Report 04-A-23</td>
<td>Decreasing Bias in Evaluations of Medical Student Performance</td>
<td>Recommendation in CME Report 4 Adopted, Remainder of Report Filed.</td>
<td>Letters were sent to the leadership of the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Liaison Committee on Medical Education, and Commission on Osteopathic College Accreditation to notify them of the following new AMA policy as well as reaffirmation of existing policies: -Continue to encourage work in support of the Coalition for Physician Accountability's Undergraduate Medical Education-Graduate Medical Education Review Committee “Recommendations for Comprehensive Improvement of the UME-GME Transition.” -Encourage and support UME institutions’ investment in a) developing more valid, reliable, and unbiased summative assessments for clinical clerkships, including development of assessors’ awareness regarding structural inequities in education and wider society, and b) providing standardized and meaningful competency data to program directors. -Encourage institutions to publish information related to clinical clerkship grading systems and residency match rates, with subset data for learners from varied groups, including those that have been historically underrepresented in medicine or may be affected by bias. -Encourage UME institutions to include grading system methodology with grades shared with residency programs. -Reaffirm of AMA policies D-295.307, “Decreasing Bias in Evaluations of Medical Student Performance”, H-295.866, “Supporting Two-Interval Grading Systems for Medical Education”, D-295.317, “Competency Based Medical Education Across the Continuum of Education and Practice”, and D-295.318, “Competency-Based Portfolio Assessment of Medical Students”. A member of the Council on Medical Education as well as staff from the Medical Education business unit participate in the Coalition for Physician Accountability.</td>
</tr>
<tr>
<td>CME Report 05-A-23</td>
<td>Support for Institutional Policies for Personal Days for Undergraduate Medical Students</td>
<td>Recommendation in CME Report 5 Adopted, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>CME Report 08-A-23</td>
<td>Challenges to Primary Source Verification of International Medical Graduates Resulting from International Conflict</td>
<td>Recommendation in CME Report 8 Adopted, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CME Report 09-A-23</td>
<td>The Impact of Midlevel Providers on Medical Education</td>
<td>Recommendation in CME Report 9 Adopted, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CMS Report 03-A-23</td>
<td>Private Insurer Payment Integrity</td>
<td>Recommendation in CMS Report 3 Adopted, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CMS Report 04-A-23</td>
<td>Bundled Payments and Medically Necessary Care</td>
<td>Recommendation in CMS Report 4 Adopted, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CMS Report 08-A-23</td>
<td>Impact of Integration and Consolidation on Patients and Physicians</td>
<td>Recommendations in CMS Report 8, Adopted as Amended, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>CMS Report 09-A-23</td>
<td>FQHCs and Rural Health</td>
<td>Recommendations in CMS Report 9, Adopted as Amended, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CSAPH Report 01-A-23</td>
<td>Opposing Scheduling of Gabapentin</td>
<td>Recommendations in CSAPH Report 1, Adopted as Amended, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CSAPH Report 03-A-23</td>
<td>Regulation and Control of Self-Service Labs</td>
<td>Recommendations in CSAPH Report 3. Adopted, Remainder of Report Filed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>CSAPH Report 06-A-23</td>
<td>Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections</td>
<td>Recommendation in CSAPH Report 5 Adopted as Amended in Lieu of Resolution 432, Remainder of Report Filed.</td>
<td>Our AMA is working with the American College of Emergency Physicians and the American College of Correctional Physicians, to develop model federal legislation requiring health care facilities to inform patients in custody about their rights as a patient under applicable federal and state law.</td>
</tr>
<tr>
<td>CSAPH Report 07-A-23</td>
<td>Clarifying the Role of BMI as a Measure in Medicine</td>
<td>Recommendations in CSAPH Report 7, Adopted as Amended with Change in Title, Remainder of Report Filed.</td>
<td>A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<tr>
<td>RES 001-A-23</td>
<td>Opposing Mandated Reporting of LGBTQ+ Status</td>
<td>Resolution 018 Adopted in Lieu of Resolution 001.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 002-A-23</td>
<td>Exclusion of Race, Preferred Spoken Language, and Ethnicity in the First Sentence of Case Reports</td>
<td>Adopted as Amended with Change in Title.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 003-A-23</td>
<td>Laying the First Steps Towards a Transition to a Financial and Citizenship Need Blind Model for Organ Procurement and Transplantation</td>
<td>Adopted as Amended.</td>
<td>The Council on Ethical and Judicial Affairs is considering this item and will present a report to the House at a future meeting.</td>
</tr>
<tr>
<td>RES 005-A-23</td>
<td>Providing Culturally and Religiously Sensitive Attire Options at Hospitals for Patients and Employees</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 006-A-23</td>
<td>Ensuring Privacy in Retail Healthcare Settings</td>
<td>Adopted as Amended with Change in Title.</td>
<td>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td>Council on Medical Services Report on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee C&amp;B)</td>
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<tr>
<td>RES 007-A-23</td>
<td>Independent Medical Evaluation</td>
<td>Referred for Decision.</td>
<td>The Board considered a report in response to this resolution. The Board voted to approve a study and report back at the 2024 Annual Meeting on Independent Medical Evaluation (IME) processes, focusing on areas that impact access, safety, communication, and transparency. The report should: provide recommendations that further support, promote, and protect the value and sanctity of services performed by qualified physicians while promoting the art and science of medicine and the betterment of public health and health equity; that “standards and safeguards to protect patients” be expanded to include standards, safeguards, and protections for physicians; and avoid a larger review of the full spectrum of IMEs. Including this in the study is not recommended as it will require significant resources and a timeline exceeding the 2024 Annual Meeting date. In addition, it is unlikely that a study of this scope, which would need to highlight jurisdictional and regulatory differences for multiple types of insurance, will produce impactful and actionable items for the AMA. Board Report 36 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee C&amp;B).</td>
</tr>
<tr>
<td>RES 008-A-23</td>
<td>Study on the Criminalization of the Practice of Medicine</td>
<td>Resolution 015 Adopted as Amended in Lieu of Resolution 008.</td>
<td>See Resolution 015-A-23.</td>
</tr>
<tr>
<td>RES 009-A-23</td>
<td>Racism - A Threat to Public Health</td>
<td>Adopted as Amended.</td>
<td>Our AMA sent a letter in October 2023 to the ICD-10 Coordination and Maintenance Committee supporting the creation of a new International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis code to identify patients presenting with conditions related to experiencing racism and discrimination, including systemic racism and unconscious bias. The letter explains that this new code will focus on the patient’s unique experience, facilitate important conversation between the physician and patient about the effect of the social environment on health outcomes and help inform public policy. Recent research demonstrating the impact of racism and discrimination have on health was also included.</td>
</tr>
<tr>
<td>RES 010-A-23</td>
<td>Advocating for Increased Support to Physicians in Family Planning and Fertility</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 012-A-23</td>
<td>Viability of the Newborn</td>
<td>Not Adopted.</td>
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<tr>
<td>RES 014-A-23</td>
<td>Redressing the Harms of Misusing Race in Medicine</td>
<td>Adopted as Amended.</td>
<td>After active engagement with the Co-Chairs of the AMA Guides Editorial Panel on this issue, it has been determined that the work to modify recommendations that perpetuate racial essentialism or race-based medicine would impact the AMA Guides to the Evaluation of Permanent Impairment – Chapter 5: The Pulmonary System. AMA staff and the Panel Co-Chairs will begin to engage the resolution authors (Minority Affairs Section, National Medical Association) to determine the best path forward to appropriately revise this content to reflect existing AMA policy on race as a social construct and national standards of care. and to ensure recommendations that perpetuate racial essentialism or race-based medicine are modified accordingly.</td>
</tr>
<tr>
<td>RES 015-A-23</td>
<td>Criminalization of Providing Medical Care</td>
<td>Adopted as Amended in Lieu of Resolution 008.</td>
<td>Board of Trustees Report 11 on this subject will be prepared for consideration at the 2023 Interim Meeting. <strong>Board Report 20 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (INFO)</strong></td>
</tr>
<tr>
<td>RES 016-A-23</td>
<td>Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization</td>
<td>Adopted as Amended with Change in Title.</td>
<td>Our AMA Advocacy Resource Center continues to reevaluate the various efforts to achieve collective actions and/or unionization for physicians nationally.</td>
</tr>
<tr>
<td>RES 017-A-23</td>
<td>Establishing a Formal Definition of &quot;Employed Physician&quot;</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 018-A-23</td>
<td>Confidentiality of Sexual Orientation and Gender Identity Data</td>
<td>Adopted in Lieu of Resolution 001.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 101-A-23</td>
<td>Updating Physician Job Description for Disability Insurance</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 102-A-23</td>
<td>Reforming the Medicare Part B &quot;Buy and Bill&quot; Process to Encourage Biosimilar Use</td>
<td>Not Adopted.</td>
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<tr>
<td>RES 103-A-23</td>
<td>Movement Away from Employer-Sponsored Health Insurance</td>
<td>Referred.</td>
<td>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td><strong>Council on Medical Services Report 02 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee A)</strong></td>
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<tr>
<td>RES 104-A-23</td>
<td>Support for Medicare Expansion to Wheelchair Accessibility Home Modifications as Durable Medical Equipment</td>
<td>Alternate Resolution 104, Adopted in Lieu of Resolution 104.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 105-A-23</td>
<td>Studying Population-Based Payment Policy Disparities</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<td><strong>Council on Medical Services Report 03 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee A)</strong></td>
</tr>
<tr>
<td>RES 107-A-23</td>
<td>Reducing the Cost of Limited Data Sets</td>
<td>Adopted as Amended with Change in Title.</td>
<td>AMA Policy Database has been updated.</td>
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<td><strong>During a February 2024 summit with CMS and the national medical specialty societies hosted by the AMA, our AMA advocated for timely, actionable MIPS data from CMS, particularly for measures that are calculated by CMS using claims information. The AMA is in conversations with members of the appropriations committees in Congress to add report language to future appropriations bills that would require a GAO report on the lack of frequent, useful MIPS measure and performance information for physicians. Finally, the AMA is drafting legislation that would replace MIPS with a data-driven performance payment program and would exempt physicians from penalties if they do not receive quarterly feedback reports. This is a priority in the AMA and Federation's Characteristics of a Rational Medicare Payment System.</strong></td>
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<td><strong>HOD Action: Recommendations in CMS Report 07-I-23 Adopted, Remainder of Report Filed.</strong></td>
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<tr>
<td>RES 109-A-23</td>
<td>Improved Access to Care For Patients in Custody of Protective Services</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 110-A-23</td>
<td>Long-Term Care Coverage for Patients with Dementia</td>
<td>Adopted as Amended with Change in Title.</td>
<td>Our AMA will be addressing this issue in the Adjustments to Hospice Dementia Enrollment Criteria Management Report which is due at the Annual 2024 Annual Meeting.</td>
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<td>During the April 2024 Board meeting, the Board adopted the recommendation of Management Report 3 to establish policy on criteria for patients with dementia to be eligible for Medicare hospice benefits as part of the comprehensive redesign of the Medicare hospice benefit that is being developed in response to the adoption of Resolution 713-A-23 (now Policy D-330.895). Specifically, the hospice benefit redesign called for by Policy D-330.895 should include improving hospice eligibility criteria for Medicare patients with dementia.</td>
</tr>
<tr>
<td>RES 111-A-23</td>
<td>Potential Negative Consequences of Accountable Care Organizations (ACOs)</td>
<td>Current Policy Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 112-A-23</td>
<td>Removal of Barriers to Care for Lung Cancer Screening in Medicaid Programs</td>
<td>Alternate Resolution 112, Adopted in Lieu of Resolution 112.</td>
<td>Our AMA sent a letter to the Director of Medicaid Services urging collaboration with state Medicaid agencies to update their LDCTs coverage policies to cover all Medicaid beneficiaries at high risk for lung cancer based on the revised USPSTF criteria without cost-sharing or prior authorization requirements. Furthermore, our AMA is urging the Center to work with states to promote awareness and utilization of the screening among eligible Medicaid enrollees.</td>
</tr>
<tr>
<td>RES 115-A-23</td>
<td>Advocating for All Payer Coverage of Wigs for Patients Undergoing Treatment for Cancer</td>
<td>Current Policy Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 116-A-23</td>
<td>Medicare Coverage of OTC Nicotine Replacement Therapy</td>
<td>Adopted as Amended.</td>
<td>The Departments of Health and Human Services, Treasury, and Labor have issued a Request for Information on coverage of over the counter (OTC) preventive services, including tobacco cessation pharmacotherapy, which has an “A” rating from the U.S. Preventive Services Task Force, and other OTC tobacco cessation products. In its comments responding to this information request, our AMA will advocate for Medicare to cover all OTC nicotine replacement therapies that have been approved or cleared by the Food and Drug Administration. <em>As OTC products are excluded from coverage by Medicare according to the Medicare statute, our AMA is seeking to identify a legislative vehicle for securing a change in statute that would allow this exception to the current exclusion.</em></td>
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<tr>
<td>RES 117-A-23</td>
<td>Payment for Physicians Who Practice Street Medicine</td>
<td>Adopted.</td>
<td>In response to conversations with physicians and our AMA, CMS has established a new place-of-service (POS) code for caring for patients on the street. Our AMA sent a letter of support and thanks to HHS, emphasizing the importance of education and outreach about this new POS code and its applicability to efforts to address the maternal health crisis. <em>CMS created the new place of service code for street medicine and here is the information on the CMS website: <a href="https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets">https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets</a></em></td>
</tr>
<tr>
<td>RES 118-A-23</td>
<td>Advancing Acute Care at Home</td>
<td>Adopted as Amended in Lieu of Resolution 120.</td>
<td>Our AMA supported legislation which was incorporated as Section 1866G of the Consolidated Appropriations Act (CAA) of 2023, which extended the Hospital at Home (HaH) program through the end of 2024. The CAA also requires an HHS report on HaH by Sept. 30, 2024, analyzing and comparing patients treated in the inpatient hospital setting and those treated in HaH. This study will examine quality of care, outcomes, readmission rates, mortality, length of stay, infection rates, and patient experience of care, as well as costs, service mix, and socioeconomic data. Congressional sponsors of previous HaH legislation have indicated that they will wait for this report before introducing new legislation to further extend the program or make it permanent. As of August 24, 2023, CMS listed 296 hospitals affiliated with 125 health systems in 37 states as HaH participants. <em>Our AMA signed onto a letter to House and Senate Leadership along with many organizations participating in HaH calling for a minimum 5-year extension of the program. The AMA reinforced this recommendation in a Statement for the Record submitted to the House Ways and Means Committee.</em></td>
</tr>
<tr>
<td>RES 119-A-23</td>
<td>Rescinding the Medicare Three-Day Hospital Inpatient Requirement for Nursing Home Admission</td>
<td>Adopted as Amended.</td>
<td>Our AMA signed on to a letter supporting legislation, the Improving Access to Medicare Coverage Act, that will make days spent in observation count towards Medicare’s three-day inpatient stay requirement for Skilled Nursing Facility (SNF) coverage.</td>
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<tr>
<td>RES 120-A-23</td>
<td>Supporting Permanent Reimbursement of Acute Hospital Care at Home</td>
<td>Resolution 118 Adopted as Amended in Lieu of Resolution 120.</td>
<td>See Resolution 118-A-23.</td>
</tr>
<tr>
<td>RES 201-A-23</td>
<td>Pharmacists Prescribing for Urinary Tract Infections</td>
<td>Adopted as Amended, with Change in Title.</td>
<td>Our AMA notified its Federation partners of its readiness to work with any interested state, specialty, and/or national medical associations to oppose legislation or regulation allowing pharmacists to test, diagnose, and treat medical conditions.</td>
</tr>
<tr>
<td>RES 202-A-23</td>
<td>Support for Mental Health Courts</td>
<td>Referred.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
</tr>
<tr>
<td>RES 203-A-23</td>
<td>Drug Policy Reform</td>
<td>Referred.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
</tr>
<tr>
<td>RES 204-A-23</td>
<td>Supporting Harm Reduction</td>
<td>Referred.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
</tr>
<tr>
<td>RES 206-A-23</td>
<td>Tribal Public Health Authority</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 207-A-23</td>
<td>Insurance Coverage of Ground Ambulance Services</td>
<td>Adopted as Amended, with Title Change.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 208-A-23</td>
<td>Medicaid Managed Care for Indian Health Care Providers</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 209-A-23</td>
<td>Purchased and Referred Care Expansion</td>
<td>Adopted as Amended.</td>
<td>Our AMA is working with Congress to advocate for increased funding to the Indian Health Service Purchased/Referred Care Program and to the Urban Indian Health Program to enable the programs to fully meet the health care needs of American Indian/Alaska Native (AI/AN) patients. Our AMA continues to advocate for increased funding on these issues through the FY 2025 appropriations process.</td>
</tr>
<tr>
<td>RES 210-A-23</td>
<td>The Health Care Related Effects of Recent Changes to the US Mexico Border</td>
<td>AMA Policy D-350.975, D-160.988, and D-255.980, Reaffirmed in Lieu of Resolution 210.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 211-A-23</td>
<td>Amending Policy H-80.999, “Sexual Assault Survivors”, to Improve Knowledge and Access to No-cost Rape Test Kits</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 212-A-23</td>
<td>Marijuana Product Safety</td>
<td>AMA Policies D-95.969, H-95.924, H-95.924 and H-95.936, Reaffirmed in Lieu of Resolution 212.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 213-A-23</td>
<td>Telemedicine Services and Health Equity</td>
<td>Adopted as Amended. Policies H-480.937 and H-480.946 Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
</tbody>
</table>
| RES 214-A-23     | Advocacy and Action for a Sustainable Medical Care System             | Alternate Resolution 214 Adopted in Lieu of Resolutions 214, 234, and 257. |Medicare physician payment reform will be our AMA’s top legislative priority until the legislative proposals developed in collaboration with the Federation are signed into law. Grassroots campaigns are underway and effective resource material has been developed, and legislation has been introduced (H.R. 2474) to provide automatic, annual MEI updates to physician payments. A Board of Trustees Report on this subject will be prepared for consideration at the 2023 Interim Meeting. 

**BOT Report 08-I-23 appears in the Delegates Handbook for the 2023 Interim Meeting, (Reference Committee B)** |
<p>| RES 215-A-23     | Supporting Legislative and Regulatory Efforts Against Fertility Fraud |AMA Policies H-140.900 and B-1.1.1. Reaffirmed in Lieu of Resolution 215. |AMA Policy Database has been updated.                                                                 |
| RES 216-A-23     | Improved Foster Care Services for Children                            | Adopted as Amended.                |AMA Policy Database has been updated.                                                                 |</p>
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<tr>
<td>RES 217-A-23</td>
<td>Safe and Effective Overdose Reversal Medications in Educational Settings.</td>
<td>Adopted as Amended, with Change in Title.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td><strong>Board Report 11 on this subject appears in the House of Delegates Handbook for the 2024 Annual Meeting. (Reference Committee B).</strong></td>
</tr>
<tr>
<td>RES 218-A-23</td>
<td>Promoting Supervision of Emergency Care Services in Emergency Departments by Physicians</td>
<td>Adopted as Amended with Change in Title.</td>
<td>Our AMA notified its Federation partners of its readiness to work with interested state, specialty, and national medical associations to advocate for the establishment and enforcement of legislation and/or regulation that ensure only physicians supervise the provision of emergency care in an emergency department.</td>
</tr>
<tr>
<td>RES 220-A-23</td>
<td>Coverage of Routine Costs in Clinical Trials by Medicare Advantage Organizations</td>
<td>Adopted as Amended.</td>
<td>In comments on the forthcoming 2025 Medicare Advantage (MA) notice of proposed rulemaking, our AMA will recommend a solution to the problems with MA coverage of routine costs for patients participating in clinical trials that are cited in Resolution 220. CMS needs to change its MA policies to prevent patients enrolled in MA from being discouraged from participating in clinical trials. MA organizations need to be required to pay for routine care associated with patients’ participation in clinical trials just as they would be required to do if the patient was not in a clinical trial, and patients should not face greater cost-sharing or other out-of-pocket costs than they do for other covered MA services, nor should they need to seek reimbursement themselves instead of their physicians being paid directly. <strong>Our AMA submitted the aforementioned Comment letter in early January 2024.</strong></td>
</tr>
<tr>
<td>RES 221-A-23</td>
<td>In Support for Fentanyl Test Strips as a Harm Reduction and Overdose Prevention Tool</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 222-A-23</td>
<td>Physician Ownership of Hospital Blocked by the ACA</td>
<td>Resolution 219 Adopted as Amended with Change in Title, in Lieu of Resolution 222.</td>
<td>See Resolution 219-A-23.</td>
</tr>
<tr>
<td>RES 223-A-23</td>
<td>Protecting Access to Gender Affirming Care</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 224-A-23</td>
<td>Advocacy Against Obesity-Related Bias by Insurance Providers</td>
<td>Adopted.</td>
<td>With the American Society for Metabolic &amp; Bariatric Surgery, medical societies in 11 key states are identifying physician champions to prioritize an action plan. The states include Alabama, Arizona, California, Connecticut, Florida, Georgia, Louisiana, New Hampshire, North Dakota, Oregon, and Washington. Reducing bias by insurance providers could impact an estimated 26M adults with obesity in these 11 states. An issue brief is currently under development, to be used in the key states to support medical societies and clinical champions to advocate for their state insurance providers to revise policy and eliminate discriminatory criteria or mandates. Tactical plans for each state will be developed in 2024.</td>
</tr>
<tr>
<td>RES 225-A-23</td>
<td>Regulation of “Cool/Non-Menthol” Tobacco Products</td>
<td>Adopted.</td>
<td>Our AMA joined with a coalition of stakeholders in a letter to the FDA urging them to immediately begin an investigation of these new products and to ensure that appropriate enforcement proceedings are initiated to prevent their continued sale.</td>
</tr>
<tr>
<td>RES 226-A-23</td>
<td>Vision Qualifications for Driver’s License</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 227-A-23</td>
<td>Reimbursement for Postpartum Depression Prevention</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 228-A-23</td>
<td>Reducing Stigma for Treatment of Substance Use Disorder</td>
<td>AMA Policy D-95.968 Adopted as Amended in Lieu of Resolution 226.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 229-A-23</td>
<td>Firearm Regulation for Persons Charged with or Convicted of a Violent Offense</td>
<td>Current Policy Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 230-A-23</td>
<td>Address Disproportionate Sentencing for Drug Offenses</td>
<td>Adopted as Amended.</td>
<td>Our AMA has informed its Federation partners of this new policy and willingness to work with them to address the disproportionate sentencing relating to crack and powder cocaine.</td>
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<td>RES 235-A-23</td>
<td>EMS as an Essential Service</td>
<td>Adopted as Amended.</td>
<td>Our AMA Advocacy Resource Center is in the process of drafting model state legislation that will be completed by A-24. Our AMA staff has drafted model legislation establishing EMS as an essential government service.</td>
</tr>
<tr>
<td>RES 236-A-23</td>
<td>AMA Support for Nutrition Research</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 239-A-23</td>
<td>Physician Assistant and Nurse Practitioner Movement Between Specialities</td>
<td>Adopted as Amended in Lieu of Resolution 262, with Change in Title.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting. Board Report 14 on this subject appears in the House of Delegates Handbook for the 2024 Annual Meeting. (Reference Committee B).</td>
</tr>
<tr>
<td>RES 240-A-23</td>
<td>Attorneys’ Retention of Confidential Medical Records and Controlled Medical Expert’s Tax Returns After Case Adjudication</td>
<td>Referred.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting. Board Report 19 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee B).</td>
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<tr>
<td>RES 241-A-23</td>
<td>Allow Viewing Access to Prescription Drug Monitoring Programs Through EHR for Clinical Medical Students and Residents</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 242-A-23</td>
<td>Peer to Peer Reviewer Must be of Same Specialty as Physician Requesting Procedure</td>
<td>Current Policy Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 244-A-23</td>
<td>Improving Care to Lower the Rate of Recidivism</td>
<td>Adopted as Amended with Change in Title.</td>
<td>Our AMA sent a letter in October urging the Federal Bureau of Prisons to partner with HHS, HUDD, and DOL to connect recently discharged inmates to health care and social support services, including stable housing and jobs, that enables them to become productive and tax-paying members of society.</td>
</tr>
<tr>
<td>RES 246-A-23</td>
<td>Modification of CMS Interpretation of Stark Law</td>
<td>Adopted.</td>
<td>Our AMA is engaging with CMS, requesting that CMS retract the determination that delivery of medicine to a patient using the Postal Service, a commercial package service, or by a trusted surrogate violates the in-office exception of the Stark Law. There are currently no legislative proposals that would clarify that a surrogate may deliver medicine dispensed at a physician-owned pharmacy without being in violation of the Stark Law.</td>
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<tr>
<td>RES 249-A-23</td>
<td>Restrictions on Social Media Promotion of Drugs</td>
<td>Current Policy Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 253-A-23</td>
<td>Appropriate Compensation for Non-Visit Care (Remote or Care of Coordination)</td>
<td>Current Policy Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 254-A-23</td>
<td>Eliminating the Party Statement Exception in Quality Assurance Proceedings</td>
<td>Adopted.</td>
<td>Our AMA notified its Federation partners of its readiness to work with any interested state, specialty, and/or national medical associations to advocate for eliminating the Party Statement Exception to confidentiality at Quality Assurance meetings in all applicable laws.</td>
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<td>RES 258-A-23</td>
<td>Adjustments to Hospice Dementia Enrollment Criteria</td>
<td>Referred for Decision.</td>
<td>The Board considered a request from management that more time was needed to provide a comprehensive response to this resolution. The Board voted to allow more time for staff to report on Resolution 258-A-23. The Board considered a report on this subject. Resolution 258-A-23 asked that our AMA actively lobby the Centers for Medicare &amp; Medicaid Services (CMS) to adjust the secondary hospice enrollment criteria for dementia. Specifically, the resolution states that CMS should incorporate dementia patients who are Functional Assessment Staging Test (FAST) Stage 6e, who (or their families on their behalf) have chosen not to receive medications or interventions for acute illnesses. The Board VOTED that, instead of considering hospice criteria for dementia patients as a separate policy, the Board of Trustees AMA establish policy on criteria for patients with dementia to be eligible for Medicare hospice benefits as part of the comprehensive redesign of the Medicare hospice benefit that is being developed in response to the adoption of Resolution 713-A-23 (Policy D-330.895). Specifically, the hospice benefit redesign required by Policy D-330.895 should include improving hospice eligibility criteria for Medicare patients with dementia.</td>
</tr>
<tr>
<td>RES 259-A-23</td>
<td>Strengthening Supplemental Nutrition Assistance Program (SNAP)</td>
<td>Adopted as Amended. AMA Policy 150.937 and 440.927 Reaffirmed.</td>
<td>Our AMA sent comments to HHS and CMS on the proposed clarifications to eligibility criteria for Qualified Health Plans (QHP) through an Exchange, state-based Basic Health Programs (BHPs), and some Medicaid and Children’s Health Insurance Programs (CHIP), as well as certain insurance affordability programs. In the comments our AMA opposed federal and state legislation denying or restricting legal immigrants’ access to Medicaid and supported extending eligibility to purchase ACA marketplace coverage to undocumented immigrants and DACA recipients and advancing policies that address the unmet medical needs of unaccompanied undocumented minor children. Additionally, AMA supported increasing access to the Supplemental Nutrition Assistance Program (SNAP) for DACA recipients, including eliminating the five-year SNAP waiting period for otherwise qualifying immigrants.</td>
</tr>
<tr>
<td>RES 260-A-23</td>
<td>Advocate to the Centers for Medicare and Medicaid Services and The Joint Commission to Redefine the Term &quot;Provider&quot; and Not Delete the Term &quot;Licensed Independent Practitioner&quot;</td>
<td>AMA Policies H-405.968 and H-405.951. Reaffirmed in Lieu of Resolution 260.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 262-A-23</td>
<td>Alignment of Speciality Designations for Advanced Practice Providers With Their Supervising Physicians</td>
<td>Resolution 239 Adopted as Amended in Lieu of Resolution 262, with Change in Title.</td>
<td>See Resolution 239-A-23.</td>
</tr>
<tr>
<td>RES 301-A-23</td>
<td>Teaching and Assessing Osteopathic Manipulative Medicine and Osteopathic Principle and Practice</td>
<td>Alternate Resolution 301 Adopted in Lieu of Resolutions 301 and 310, with Change of Title.</td>
<td>Letters were sent to the leadership of the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Accreditation Council for Graduate Medical Education, American Osteopathic Association, Liaison Committee on Medical Education, and Commission on Osteopathic College Accreditation to notify them of new AMA policy encouraging collaboration with them and any other interested parties to assess the need for graduate medical education faculty development in the supervision of Osteopathic Manipulative Medicine across ACGME accredited residency programs.</td>
</tr>
<tr>
<td>RES 302-A-23</td>
<td>Study of the Current Match Process and Alternatives</td>
<td>Adopted, with Change in Title.</td>
<td>A Council on Medical Education Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting. Council on Medical Education Report 02 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee C)</td>
</tr>
<tr>
<td>RES 303-A-23</td>
<td>Medical School Management of Unmatched Medical Students</td>
<td>Referred for Decision.</td>
<td>The Board voted that in lieu of Resolution 303, the AMA reaffirm Policy D-310.977, “National Resident Matching Program Reform” (8), (9), (13), and (15); and reaffirm Policy D-310.945, “Mitigating Demographic and Socioeconomic Inequities in the Residency and Fellowship Selection Process” (1) and (4).</td>
</tr>
<tr>
<td>RES 304-A-23</td>
<td>Increasing Access to Gender-Affirming Care Through Expanded Training and Equitable Reimbursement</td>
<td>Adopted as Amended with Change in Title.</td>
<td>Our AMA provided comments to the Notice of Proposed Rulemaking (NPRM) to repromulgate or revise certain regulatory provisions of the HHS Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HHS is proposing to enact this NPRM to ensure that lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals are protected from discrimination in HHS programs and reaffirm that individuals may not be discriminated against based on sexual orientation and gender identity. Our AMA commended HHS for its proposed rule and supported the recognition that grantees cannot discriminate against LGBTQ+ individuals on the basis of sexual orientation and gender identity (SOGI). Our AMA notified its Federation partners regarding its readiness to work with any interested state and/or specialty societies on equitable health insurance coverage for evidence-based gender-affirming care and is working closely with state medical associations to increase access to gender-affirming care.</td>
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<td>RES 305-A-23</td>
<td>Indian Health Service Graduate Medical Education</td>
<td>Adopted as Amended.</td>
<td>Our AMA sent a letter asking that the Indian Health Service (IHS) establish an Office of Academic Affiliations responsible for coordinating partnerships with the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, accredited medical schools, and residency programs accredited by the Accreditation Council for Graduate Medical Education. Our AMA encouraged IHS to develop funding streams to promote rotations and learning opportunities at IHS, Tribal, and Urban Indian Health Programs. Our AMA also encouraged the IHS to evaluate existing regulatory and licensure opportunities and barriers that physicians face when seeking to provide health care services for American Indians, Alaska Natives, and Native Hawaiians.</td>
</tr>
<tr>
<td>RES 306-A-23</td>
<td>Increased Education and Access to Fertility Resources for U.S. Medical Students</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 307-A-23</td>
<td>Amending AMA Policy H-295.858, “Access to Confidential Health Services for Medical Students and Physicians” to Include Annual Opt-Out Mental Health Screening for Suicide Prevention for Residents</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 308-A-23</td>
<td>Increased Inclusivity and Admission Policies Clarification for DACA Eligible Medical School and Residency Applicants</td>
<td>Alternate Resolution 308 Adopted in Lieu of Resolutions 308, with Change in Title.</td>
<td>A letter was sent to the leadership of the Association of American Medical Colleges commending them on their collection of data on medical schools that accept applicants eligible for Deferred Action for Childhood Arrivals (DACA) and encouraging ongoing data collection, as well as requesting that the AAMC expand data collection to include financial assistance options for DACA-eligible students and publicize and disseminate this information to interested parties.</td>
</tr>
<tr>
<td>RES 309-A-23</td>
<td>Against Legacy Preferences as a Factor in Medical School Admissions</td>
<td>Alternate Resolution 309 Adopted in Lieu of Resolution 309.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 311-A-23</td>
<td>Residency Application Support for Students of Low-Income Backgrounds</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 312-A-23</td>
<td>Indian Health Service Licensing Exemptions</td>
<td>Alternate Resolution 312, Adopted in Lieu of Resolution 312.</td>
<td>Our AMA sent a letter asking that the Indian Health Service (IHS) establish an Office of Academic Affiliations responsible for coordinating partnerships with the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, accredited medical schools, and residency programs accredited by the Accreditation Council for Graduate Medical Education. Our AMA encouraged IHS to develop funding streams to promote rotations and learning opportunities at IHS, Tribal, and Urban Indian Health Programs. Our AMA also encouraged the IHS to evaluate existing regulatory and licensure opportunities and barriers that physicians face when seeking to provide health care services for American Indians, Alaska Natives, and Native Hawaiians.</td>
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<tr>
<td>RES 313-A-23</td>
<td>Filtering International Medical Graduates During Residency or Fellowship Applications</td>
<td>Alternate Resolution 313, Adopted as Amended in Lieu of Resolution 315.</td>
<td>Letters were sent to the leadership of the Association of American Medical Colleges, Organization of Program Directors Association (OPDA), and Intealth to inform them of new AMA policy recognizing the exclusion of certain residency applicants from consideration, such as international medical graduates, and opposing discriminatory use of filters designed to inequitably screen applicants, including international medical graduates, using the Electronic Residency Application Service® (ERAS®) system. Further, the AMA asked for the assistance of OPDA in determining how to address the issue more broadly, given the AMA wants to be supportive of admission processes and ensure that all applicants are provided equitable opportunity as well as seeking guidance on how to best communicate with Program Directors to promote supportive behaviors. The AMA recently joined the Advisory Commission to Guide Alternate Pathways for State Licensure of International Medical Graduates in support of IMGs. The commission will issue recommendations and guidance to improve conditions for IMGs, reduce workforce shortages, and improve patient access.</td>
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<td>RES 314-A-23</td>
<td>Support for International Medical Graduates from Countries Facing Major Humanitarian Crises</td>
<td>Adopted as Amended with Change in Title.</td>
<td>The AMA media team developed a story, in collaboration with the IMG section and Medical Education business unit, describing issues faced by foreign IMGs when their home countries are experiencing humanitarian crises and promoting AMA support for such physicians. It was released Oct 5, 2023. <a href="https://www.ama-assn.org/education/international-medical-education/when-humanitarian-crises-hit-abroad-imgs-need-medicine-s">https://www.ama-assn.org/education/international-medical-education/when-humanitarian-crises-hit-abroad-imgs-need-medicine-s</a></td>
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<td>Staff from Medical Education and Intealth are in regular communication to discuss topics of mutual interest.</td>
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<td>The AMA recently joined the Advisory Commission to Guide Alternate Pathways for State Licensure of International Medical Graduates in support of IMGs. The commission will issue recommendations and guidance to improve conditions for IMGs, reduce workforce shortages, and improve patient access.</td>
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<tr>
<td>RES 316-A-23</td>
<td>Physician Medical Conditions and Questions on Applications for Medical Licensure, Specialty Boards, and Institutional Privileges</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 317-A-23</td>
<td>Supporting Childcare for Medical Residents</td>
<td>Current Policy Reaffirmed.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 319-A-23</td>
<td>Supporting Diversity, Equity, &amp; Inclusion Offices and Initiatives at United States Medical Schools to Enhance Longitudinal Community Engagement</td>
<td>Adopted as Amended.</td>
<td>Letters were sent to the leadership of the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Liaison Committee on Medical Education, and Commission on Osteopathic College Accreditation to notify them of new AMA policy encouraging academic institutions to utilize Diversity, Equity, and Inclusion activities and community engagement as criteria for faculty and staff promotion and tenure. Staff from Medical Education, Advocacy and the Center for Health Equity business units are exploring opportunities to investigate the impacts of state legislation regarding DEI-related efforts on the education and careers of students, trainees, and faculty. Medical Education staff are working with external subject matter experts to research some of the potential impacts of the SCOTUS decision and anti-DEI legislation. Also, they secured a $2.4 Million grant from the AMA Foundation to enable AMA to support medical education institutions, minoritized physician groups and medical students in managing the consequences of DEI-related state legislation with high-quality data, guidance, and tools developed from a collaborative effort across eight AMA business units.</td>
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<tr>
<td>RES 320-A-23</td>
<td>Banning Affirmative Action is a Critical Threat to Health Equity and to the Medical Profession</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 321-A-23</td>
<td>Corporate Compliance Consolidation</td>
<td>Adopted as Amended.</td>
<td>Staff from the Medical Education and Marketing &amp; Member Experience business units are exploring opportunities to develop a media story on this issue.</td>
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<td>RES 322-A-23</td>
<td>Disclosure of Compliance Issues Related to Joint Providership</td>
<td>Adopted as Amended with Change in Title.</td>
<td>A letter was sent to the leadership of the Accreditation Council for Continuing Medical Education (ACCME) to commend them on their proactive work the week of August 10, 2023 in support of this new policy, whereby the ACCME informed “all 700 accredited providers that engage in joint providship to remind them of their responsibilities in a joint providship relationship, including the need to exercise due diligence to obtain and review the accreditation and activity history of potential collaborators.” The new policy supports the ACCME in their continued efforts to ask accredited CME providers to include in their CME applications for joint providship a question about past denial(s) for accreditation.</td>
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<td>RES 402-A-23</td>
<td>Encouraging Discussion of Family Planning Counseling as Part of Recommended Routine Health Maintenance</td>
<td>Adopted as Amended.</td>
<td>The AMA is examining possible collaboration with state and national medical specialty societies interested in working to encourage discussion of family planning counseling with all individuals of reproductive age as a part of routine health care.</td>
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<tr>
<td>RES 403-A-23</td>
<td>Denouncing the Use of Solitary Confinement in Correctional Facilities and Detention Centers</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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The Board considered a report in response to this resolution. The Board voted that Policy H-440.872 and Policy 55.971 be amended to read as follows:

**HPV-Associated Cancer Prevention, H-440.872**
1. Our AMA (a) urges physicians and other health care professionals to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine HPV related cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.
2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public.
3. Our AMA supports legislation and funding for research aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers.
4. Our AMA: (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits, (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.
5. Our AMA will encourage appropriate parties to investigate means to increase HPV vaccination rates by facilitating administration of HPV vaccinations in community-based settings including school settings.
6. Our AMA will study requiring HPV vaccination for school attendance.
7. Our AMA encourages collaboration with interested parties to make available human papillomavirus vaccination to people who are incarcerated for the prevention of HPV-associated cancers.

**Screening and Treatment for Breast and Cervical Cancer Risk Reduction, Policy H-55.971**
1. Our AMA supports programs to screen all at-risk individuals for breast and cervical cancer and that government funded programs be available for low income individuals; the development of public information and educational programs with the goal of informing all at-risk individuals about routine cancer screening in order to reduce their risk of dying from cancer; and increased funding for comprehensive programs to screen low income individuals for breast and cervical cancer and to assure access to definitive treatment.
2. Our AMA encourages state and local medical societies to monitor local public health screening programs to ensure that they are linked to treatment resources in the public or private sector.
3. Our AMA encourages the Centers for Medicare and Medicaid Services to evaluate...
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<td>RES 405-A-23</td>
<td>Amendment to AMA Policy “Firearms and High-Risk Individuals H-145.972” to Include Medical Professionals as a Party Who Can Petition the Court</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 406-A-23</td>
<td>Increase Employment Services Funding for People with Disabilities</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 407-A-23</td>
<td>Addressing Inequity in Onsite Wastewater Treatment</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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and review their current cervical cancer screening policies to ensure coverage is consistent with current evidence-based guidelines.
4. That our AMA support further research by relevant parties of HPV self-sampling in the United States to determine whether it can decrease health care disparities in cervical cancer screening.
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| RES 409-A-23      | Expanding Inclusion of Diverse Mannequins Used in CPR and AED Training | Referred for Decision.       | The Board considered a report in response to this resolution. The Board voted that Resolution 409 (A-23) be adopted as amended to read as follows:  
RESOLVED. That our American Medical Association support use of diverse mannequins in CPR and AED training, including, but not limited to, mannequins with breasts, mannequins representing pregnant persons, mannequins representing persons with disabilities, mannequins representing different races and ethnicities, and mannequins of varying body sizes (New HOD Policy); and be it further  
RESOLVED. That our AMA support the efforts of relevant stakeholders to develop diverse mannequins or modify current mannequins to reflect diverse patient populations, including, but not limited to, those representing pregnant persons, or persons with physical disabilities, or persons of different races and ethnicities. (New HOD Policy); and be it further  
RESOLVED. That our AMA collaborate with relevant stakeholders to increase accessibility of CPR and AED training equipment representing diverse gender and body types as well as races and ethnicities in basic life support and advanced certified life support programs nationwide to ensure optimal competency for trainees of all education levels. (Directive to Take Action) |
<p>| RES 410-A-23      | Formal Transitional Care Program for Children and Youth with Special Health Care Needs | Adopted.                    | AMA Policy Database has been updated.                                  |
| RES 411-A-23      | Protecting Workers During Catastrophes                               | Adopted as Amended.          | In October, our AMA sent a letter urging the Occupational Safety and Health Administration (OSHA) within the U.S. Department of Labor to expand the “duty to care” clause to more clearly define employers’ responsibility to their employees during catastrophes. |
| RES 412-A-23      | Medical Waste Receptacles in All Restroom Stalls                     | Adopted as Amended with Change in Title. | AMA Policy Database has been updated.                                  |
| RES 413-A-23      | Supporting Safe Leave                                                 | Adopted as Amended with Change in Title. | AMA Policy Database has been updated.                                  |</p>
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<td>RES 414-A-23</td>
<td>Increased Access to HIV Treatment and Supportive Services in the Unstably Housed and Homeless Population</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 415-A-23</td>
<td>Environmental Health Equity in Federally Subsidized Housing</td>
<td>Adopted as Amended.</td>
<td>Our AMA is sending a letter to the EPA asking the agency to encourage states to adopt policies to mandate disclosure of information related to supersites, as well as encouraging increased research into environmental pollutants and contaminants.</td>
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| RES 416-A-23     | New Policies to Respond to the Gun Violence Public Health Crisis     | Adopted.             | Our AMA notified its Federation partners of its readiness to work with any interested states and/or specialties to advocate for state policies that prevent inheritance, gifting, or transfer of ownership of firearms without adhering to all federal and state requirements for background checks, waiting periods, and licensure; to prevent “multiple sales” of firearms, defined as the sale of multiple firearms to the same purchaser within five business days; and implement background checks for ammunition purchases.  
**Our AMA sent a letter to Maine legislators supporting a package of bills to prevent firearm violence that would strengthen the state's background check and waiting period requirements.** |
| RES 417-A-23     | Treating Social Isolation and Loneliness as a Social Driver of Health | Adopted as Amended. | As a first step toward implementation of these directives, the AMA has assessed existing content on social isolation and loneliness.  
The AMA Ed Hub has existing education content on social isolation and loneliness from StepsForward, the JAMA Network, and the Journal of Ethics.  
Several AMA News articles have been published and disseminated through AMA newsletters and social media channels on this topic including:  
•Loneliness is a public health crisis. Learn how to screen for it  
•What doctors wish patients knew about social isolation  
The November 2023 issue of the AMA Journal of Ethics will focus on Health and Loneliness. Dr. Vivek H. Murthy, U.S. Surgeon General, will join Ethics Talk on November 1st to unravel current updates on a loneliness public health crisis. |
<p>| RES 418-A-23     | Increasing the Availability of Automated External Defibrillators     | Adopted as Amended. | AMA Policy Database has been updated.                                  |</p>
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<td>RES 419-A-23</td>
<td>Increased Suicide Risk for Children, Youths, and Young Adults in the Welfare System</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 420-A-23</td>
<td>Foster Health Care</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 422-A-23</td>
<td>Advocate for National Emergency for Childrens Mental Health</td>
<td>Alternate Resolution 422 Adopted, with Change in Title.</td>
<td>In our AMA response to the mental health parity and addition equity act August 2023 proposed rule, we urged the Administration to continue efforts to enforce MHPAEA, including extending its enforcement protections to the Children’s Health Insurance Program (CHIP), removing prior authorization or other harmful utilization management policies, and to consider network adequacy standards with pediatric populations in mind. Our AMA also added a relevant bullet asking for additional residencies for mental health professionals particularly pediatric into our response to the Ways and Means rural and underserved communities health task force RFI. Our AMA continued to emphasize need for strong parity enforcement in multiple national presentations by AMA leadership, including to the National Association of Insurance Commissioners at its Spring 2024 Meeting and at the 2024 National Rx and Illicit Drug Abuse Summit.</td>
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<td>RES 424-A-23</td>
<td>Job Security Related to Leave for Caregiver When a Child in Foster Care is Placed in Their Home</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 425-A-23</td>
<td>Promoting Standardization of Death Certification for In-Custody Death</td>
<td>Adopted as Amended with Change in Title.</td>
<td>A letter has been drafted to the Centers for Disease Control and Prevention’s National Center for Health Statistics advocating for a change to the U.S. Standard Certificate of Death to include a “check box” that would capture deaths in custody and categorize the custodial death using cause and manner of death and information from the “How Injury occurred” section of the death certificate.</td>
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<td>RES 426-A-23</td>
<td>Accurate Abortion Reporting with Demographics by the Center for Disease Control</td>
<td>Not Adopted.</td>
<td>The AMA has drafted a letter to social media companies to remove posts glorifying the use of guns and gun violence as well as to continuously update their algorithms to remove posts that displays guns in a way that encourages violence.</td>
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<td>RES 427-A-23</td>
<td>Minimizing the Influence of Social Media on Gun Violence</td>
<td>Adopted as Amended.</td>
<td>While the Centers for Disease Control and Prevention has developed Environmental Infection Control Guidelines that speak specifically to mattresses, there are not currently any education training materials on this topic. The AMA is developing infection prevention and control content through a national collaborative funded by the CDC and is exploring the best approach for inclusion of mattress safety to mitigate infections related to hospital bed and mattress use.</td>
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<td>RES 428-A-23</td>
<td>Mattress Safety in the Hospital Setting</td>
<td>Adopted as Amended.</td>
<td>A letter has been drafted to the Director of the Federal Bureau of Prisons (BOP) urging the Health Services Division of the BOP to promote the highest quality of health care and oversight for those who are involved in the criminal justice system. The letter also advocates for health administrators and executive staff working in correctional facilities to possess credentials and experience comparable to individuals in the community in similar professional roles.</td>
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<td>RES 430-A-23</td>
<td>Teens and Social Media</td>
<td>Adopted as Amended.</td>
<td>Our AMA notified its Federation partners of its readiness to work with any interested states and/or specialties to advocate for the reform of qualified immunity and other measures that shield law enforcement officers from consequences of misconduct to further address systemic racism in policing and mitigate use of excessive force.</td>
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<td>RES 433-A-23</td>
<td>Upholding Scientifically and Medically Valid Practices for Blood Tranfusions</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 434-A-23</td>
<td>Improving Hazardous Chemical Transport Regulations for Public Health Protections</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 436-A-23</td>
<td>Prediabetes as a Major Health Concern for Chronic Disease Prevention</td>
<td>Adopted.</td>
<td>AMA had been committed to addressing prediabetes as part of our Improving Health Outcomes (IHO) mission, related to HOD policy H-440.861 National Diabetes Education Program and more recently H-440.844 Expansion of National Diabetes Prevention Program. IHO works with health care organizations to establish diabetes prevention strategies, including referral processes from primary care to evidence-based National Diabetes Prevention Program providers. The AMA has long partnered with national organizations such as the Centers of Disease Control and Prevention, the YUSA and digital lifestyle change programs. To increase diagnosis and treatment of prediabetes, IHO has led awareness and education efforts for physician-led care teams and their patients. Clinical practice tools are available on AMAPreventDiabetes.org and an updated StepsForwardTM toolkit addressing prediabetes was launched in August 2023. Additionally, IHO and MMX collaborate to offer the Diabetes Prevention Insights Network series as a platform for AMA members and diabetes prevention leaders to showcase their experiences and best practices to other health care organizations. As an example of deploying IHO solutions, IHO has collaborated with the North Carolina Medical Society (NCMS) to raise physician awareness, establish state-wide physician champions, and increase referrals to diabetes prevention programs in North Carolina. CDC is now providing $461M in grant support starting in 2023 to spread this model to additional states. The model in other states will also require health care organizations to implement the AMA’s Prediabetes Quality Measures. In addition, AMA understands physician-led care teams and patients require the removal of barriers to be able to prevent type 2 diabetes. AMA works to increase public and private insurance coverage for prediabetes treatment, including medication and digital lifestyle change programs. AMA has long advocated to expand coverage for screening HbA1c testing to diagnose prediabetes, and CMS has proposed Medicare coverage of this important screening test in the draft 2024 Medicare Physician Fee Schedule. AMA has also expanded efforts to address inequities in health access and outcomes related to prediabetes, including a five year strategic collaboration with the American College of Preventive Medicine and the Black Women’s Health Imperative, in collaboration with the CDC, to increase cultural sensitivity within physician-led care teams to increase diagnosis and treatment of prediabetes in Black and Hispanic women. This includes implementing social need screeners and examining barriers to treatment. Forthcoming is a best practices manuscript for publication in order to spread this mission.</td>
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<td>RES 502-A-23</td>
<td>Pain Management for Long-Acting Reversible Contraception and other Gynecological Procedures</td>
<td>Adopted as Amended.</td>
<td>Our AMA notified its Federation partners of its readiness to work with interested state, specialty, and national medical associations to advocate for equitable insurance coverage for the placement of long-acting reversible contraceptives and other gynecological procedures, including associated pain management.</td>
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<td>RES 503-A-23</td>
<td>Increasing Diversity in Stem Cell Biobanks and Disease Models</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 505-A-23</td>
<td>De-Stigmatization and Management of Substance Use Disorders</td>
<td>Alternate Resolution 505 Adopted in Lieu of Resolutions 505 and 525.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 507-A-23</td>
<td>Recognizing the Burden of Rare Disease</td>
<td>Adopted as Amended.</td>
<td>The AMA is an active member of the National Academy of Science, Engineering and Medicine’s Genomics Roundtable, which regularly holds public events on improving testing and treatment for rare diseases. Recent activities (June 2023) include next-generation sequencing workshops, and an upcoming (Nov 2023) session on biomarker testing coverage.</td>
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<td>RES 508-A-23</td>
<td>Development and Implementation of Recommendations for Responsible Media Coverage of Opioid Overdoses</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 509-A-23</td>
<td>Addressing Medical Misinformation Online</td>
<td>Adopted as Amended with Change in Title.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 511-A-23</td>
<td>Regulation of Phthalates in Adult Personal Sexual Products</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 512-A-23</td>
<td>Wheelchairs on Airplanes</td>
<td>Alternate Resolution 512, Adopted in Lieu of Resolution 512.</td>
<td>Our AMA sent a letter to Secretary Buttigieg urging the Department of Transportation to prioritize changing the regulations to allow a passenger to remain in their personal wheelchair while flying.</td>
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<td>RES 513-A-23</td>
<td>Substance Use History is Medical History</td>
<td>Adopted as Amended.</td>
<td>Our AMA is submitting a change request through the HL7 standards development organization to advocate for a technical change in the next version of the Clinical Document Architecture standards to capture substance use history under medical history instead of social history. In addition, a comprehensive letter is planned for development that outlines AMA’s continued commitment to advancements in the EHR, asks EHR vendors to consider updates to their system that allows for easier access to medical records for care partners, and encourages system updates that moves substance use history into the main medical history section while protecting patient privacy. <strong>Our AMA submitted a request during HL7’s most recent Clinical Document Architecture standards balloting process to enable the capturing of substance use disorder information under medical history rather than social history. The AMA will continue to engage with the HL7 community as this request makes its way through the review process. The AMA also sent a letter Jan. 8 to the EHR vendors asking them to update their systems for this change.</strong></td>
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<td>RES 514-A-23</td>
<td>Hallucinogen-Assisted Therapy Policy</td>
<td>Adopted as Amended with Change in Title.</td>
<td>Letter to the federation is being drafted seeking partnership to advocate for continued research of hallucinogens and against the use of hallucinogen-assisted therapies to treat psychiatric disorders.</td>
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<td>RES 515-A-23</td>
<td>Regulate Kratom and Ban Over-The-Counter Sales</td>
<td>Adopted as Amended, Alternate Resolution 515, in Lieu of Resolution 515.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 516-A-23</td>
<td>Fasting is Not Required for All Lipid Analysis</td>
<td>Adopted as Amended with Change in Title.</td>
<td>IHO has reviewed current lipid-related educational offerings on the AMA Ed Hub. Current content includes the following activities: Statin Management in High Risk Groups: 2018 ACC/AHA Guideline on the Management of Blood Cholesterol, Managing Cholesterol Using Technology, and USPSTF Recommendation: Statin Use for the Primary Prevention of Cardiovascular Disease in Adults. While there are several robust educational offerings about lipid management already housed on the AMA Ed Hub, specific information regarding the use of non-fasting lipid screening appears to be a content gap. IHO has notified the Ed Hub’s partnership team of this gap in content, and together these teams are determining a plan to fill this gap, whether it be through creation of a new educational activity, or leveraging content created by an organization in the Ed Hub partnership program, or another approach. Additionally, IHO has developed and pilot tested the AMA MAP Cholesterol program to support health care organizations in quality improvement activities related to cholesterol management. IHO will incorporate content about the use of non-fasting lipid testing within the MAP Cholesterol program’s training and educational resources.</td>
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<td>RES 517-A-23</td>
<td>Healthcare Disparities, Including Cardiovascular Disease, in South Asians Residing in the United States</td>
<td>Adopted as Amended with Change in Title.</td>
<td>Letter has been drafted to Lawrence A. Tabak, D.D.S., Ph.D., Acting NIH Director, calling for additional funding to study disparities in population health due to genetic predispositions, which lead to diseases with high morbidity such as cardiovascular disease in South Asian patients. The AMA is exploring possible collaborative partnerships to reduce health disparities arising from genetic predispositions and accompanying cultural and linguistic barriers.</td>
</tr>
<tr>
<td>RES 519-A-23</td>
<td>Decreasing Regulatory Barriers to Appropriate Testosterone Prescribing</td>
<td>Alternate Resolution 519, Second Resolve Referred.</td>
<td>Our AMA sent a letter asking the FDA to review the data on testosterone. AMA further urged the FDA that if the evidence warrants it, the agency should encourage the DEA to reschedule testosterone-containing drug products. A Council on Science and Public Health Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
</tr>
<tr>
<td>RES 520-A-23</td>
<td>Supporting Access to At-Home Injectable Contraceptives</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 521-A-23</td>
<td>Preventing the Elimination of Cannabis from Occupational and Municipal Drug Testing Programs</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 522-A-23</td>
<td>Approval Authority of the FDA</td>
<td>AMA Policies H-100.948 and H-100.992, Reaffirmed in Lieu of Resolution 522.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 601-A-23</td>
<td>Solicitation Using the AMA Brand</td>
<td>Referred for Decision.</td>
<td>The Board considered a report in response to this resolution. The Board voted that Resolution 601-A-23 be not adopted.</td>
</tr>
<tr>
<td>RES 602-A-23</td>
<td>Supporting the Use of Gender-Neutral Language</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 603-A-23</td>
<td>Environmental Sustainability of AMA National Meetings</td>
<td>Referred.</td>
<td>A Board Report on this subject with Resolution 608 will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td><strong>Board Report 25 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee F).</strong></td>
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<tr>
<td>RES 604-A-23</td>
<td>Speakers Task Force to Review and Modernize the Resolution Process</td>
<td>Adopted.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
</tr>
<tr>
<td>RES 605-A-23</td>
<td>International Medical Graduates Section</td>
<td>Referred.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td><strong>Board Report 26 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee F).</strong></td>
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<td>RES 606-A-23</td>
<td>AMA Reimbursement of Necessary HOD Business Meeting Expenses for Delegates and Alternate Delegates</td>
<td>Referred.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td><strong>Board Report 27 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Informational)</strong></td>
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<td>RES 607-A-23</td>
<td>Enabling Sections of the American Medical Association</td>
<td>Adopted as Amended.</td>
<td>The Organized Medical Staff Section has opted to pilot an expansion of its meeting at I-23 to include an additional afternoon (Thursday) of programming, including 90 minutes of workshop-type education sessions, a one-hour reference committee hearing to buttress online member forum testimony, and a welcome reception. No other Sections opted to expand their business/assembly meetings beyond one day. (Note that the MSS meeting was already two full days.) The Organized Medical Staff Section has opted to continue with an expanded meeting at A-24, with additional Thursday afternoon programming, including 90 minutes of workshop-type education sessions and a one-hour reference committee hearing to buttress online member forum testimony.</td>
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<td>RES 608-A-23</td>
<td>Supporting Carbon Offset Programs for Travel for AMA Conferences</td>
<td>Referred.</td>
<td>A Board Report on this subject with Resolution 603 will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td><strong>Board Report 25 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee F).</strong></td>
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<td>RES 609-A-23</td>
<td>Encouraging Collaboration Between Physicians and Industry in AI</td>
<td>Referred.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td></td>
<td>(Augmented Intelligence) Development</td>
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<td><strong>Board Report 28 on this subject appears in the Delegates Handbook for the 2024 Annual Meeting. (Reference Committee F).</strong></td>
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<tr>
<td>RES 610-A-23</td>
<td>NIH Public Access Plan</td>
<td>Adopted.</td>
<td>A copy of RES 610-A-23 and JAMA Network’s policy on public access <a href="https://jamanetwork.com/pages/access-at-jama-network">https://jamanetwork.com/pages/access-at-jama-network</a> were sent to the Association of American Publishers [AAP], then presented and discussed at a session of AAP publishers, attorneys and lobbyists. JAMA’s Editorial Counsel, Advocacy’s VP Federal Affairs and an AAP VP met with the Deputy Director and Chief of State of the White House Office of Science and Technology Policy [OSTP] in late July to explain the adverse consequences of the proposed OSTP and NIH Plans. Those plans favor immediate open access to journal content, without an embargo and with unsustainable caps on revenue, all of which will harm scholarly journals, especially those published by smaller medical societies within the Federation of Medicine.</td>
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<td>Beyond stressing the likely harms of the NIH Plan, we highlighted the benefits of JAMA Network’s public access plan, <a href="https://jamanetwork.com/journals/jama/fullarticle/2799743">https://jamanetwork.com/journals/jama/fullarticle/2799743</a>, which supports equitable access for authors and researchers with limited resources, as well as academic freedom for researchers to choose where to publish. A House Appropriations Committee expressed concerns about the OSTP/NIH plans, and an AMA Senior Lobbyist met with congressional staff to make similar points in line with the HOD Resolution. Recently OSTP leadership acknowledged that other STEM publishers were echoing the concerns expressed by AMA, and needed to be considered.</td>
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<tr>
<td>RES 701-A-23</td>
<td>Reconsideration of the Birthday Rule</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 702-A-23</td>
<td>Providing Reduced Parking for Patients</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 703-A-23</td>
<td>Tribal Health Program Electronic Health Record Modernization</td>
<td>Adopted.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 704-A-23</td>
<td>Interrupted Patient Sleep</td>
<td>Adopted as Amended.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 705-A-23</td>
<td>Aging and Dementia Friendly Health Systems</td>
<td>AMA Policies H-280.944 and H-280.945 Reaffirmed in Lieu of Resolution 705.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 706-A-23</td>
<td>Revision of H-185.921, Removal of AMA Support for Applied Behavior Analysis</td>
<td>Adopted as Amended with Change in Title.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 707-A-23</td>
<td>Expediting Repairs for Power and Manual Wheelchairs</td>
<td>Alternate Resolution 707 Adopted in Lieu of Resolution 707.</td>
<td>Our AMA has sent a letter to CMS urging the agency to identify barriers and solutions to Medicare beneficiaries' timely access to wheelchair repairs. We will request a meeting, along with our colleagues at the American Academy of Physical Medicine &amp; Rehabilitation (AAPMR) and the American Association of Neuromuscular &amp; Electrodagnostic Medicine (AANEM). We are also engaged in conversation with AAPMR and AANEM about the causes of delays to wheelchair repairs. CMS responded to our AMA’s letter and shared our concerns about the importance of access to timely repairs and, if necessary, replacement of beneficiary-owned wheelchairs. CMS stated physicians should reach out to the DME MAC within their jurisdiction if they have questions about the requirements for repairs.</td>
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<td>RES 709-A-23</td>
<td>Access to Trial of Labor</td>
<td>Adopted as Amended with Change in Title.</td>
<td>AMA Policy Database has been updated.</td>
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<tr>
<td>RES 711-A-23</td>
<td>Doctors’ Risk for Termination of Liability Coverage or Medical Privileges Consequent to Dobbs</td>
<td>Alternate Resolution 711 Adopted as Amended in Lieu of Resolution 711.</td>
<td>AMA Policy Database has been updated.</td>
</tr>
<tr>
<td>RES 712-A-23</td>
<td>Medical Bankruptcy – A Unique Feature in the USA</td>
<td>Referred.</td>
<td>A Council on Medical Services Report on this subject with Resolution 710-A-23, will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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<td>RES 713-A-23</td>
<td>Redesigning the Medicare Hospice Benefit</td>
<td>Adopted as Amended.</td>
<td>Medicare Payment Advisory Commission is also studying this issue and our AMA is working with AAHPM to provide information to MedPAC about problems with the current Medicare hospice benefit that need to be addressed for consideration in its recommendations to Congress on the hospice program.</td>
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<tr>
<td>RES 714-A-23</td>
<td>Improving Hospice Program Integrity</td>
<td>Adopted.</td>
<td>Our AMA submitted comments to CMS on its Home Health Prospective Payment System proposed rule, which included several proposed policies to improve program integrity in the Medicare hospice program. The letter recommended that CMS: exercise caution in certifying additional hospices in counties with disproportionate growth relative to needs; do more robust vetting of hospice certification applications; prohibit the sale or transfer of hospice certification numbers for a specific duration; impose tighter restrictions on hospices that are non-operational; and center its regulatory efforts on quality and integrity indicators that directly affect patient care instead of technical errors or retroactive chart audits that can burden small or rural hospice providers. The home health final rule included several changes to hospice enrollment provisions to improve program integrity: subjecting hospices to the highest level of provider enrollment application screening; expanding scrutiny of hospice ownership changes; reducing the period of Medicare non-billing for which a hospice provider can be deactivated from 12 months to 6 months; and strengthening the program integrity safeguards associated with a provisional period of enhanced oversight.</td>
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<td>RES 715-A-23</td>
<td>Published Metrics for Hospitals and Hospital Systems</td>
<td>Referred with Report back at I-24.</td>
<td>A Board Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Interim Meeting.</td>
</tr>
<tr>
<td>RES 718-A-23</td>
<td>Insurance Coverage of FDA Approved Medications and Devices</td>
<td>Alternate Resolution 718 Adopted as Amended in Lieu of Resolution 718.</td>
<td>AMA Policy Database has been updated.</td>
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<td>RES 719-A-23</td>
<td>Care Partner Access to Medical Records</td>
<td>Adopted as Amended.</td>
<td>A comprehensive letter is planned for development that outlines the AMA’s continued commitment to advancements in the EHR, asks EHR vendors to consider updates to their system that allows for easier access to medical records for care partners, and encourages system updates that moves substance use history into the main medical history section while protecting patient privacy. A comprehensive letter was sent to EHR vendors in Q1 2024 that outlined the AMA’s continued commitment to advancements in the EHR, asked them to consider updates to their system that allows for easier access to medical records for care partners, and encouraged system updates that moves substance use history into the main medical history section while protecting patient privacy.</td>
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<td>RES 720-A-23</td>
<td>Prior Authorization Costs,AMA Update to CMS</td>
<td>Alternate Resolution 720 Adopted in Lieu of Resolution 720.</td>
<td>Our AMA continues its ongoing efforts to quantify the administrative costs associated with prior authorization through regular literature review, as well as through the addition of several questions on the 2023 Prior Authorization Physician Survey regarding the staffing needed to support the growing prior authorization workload.</td>
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<tr>
<td>RES 721-A-23</td>
<td>Use of Augmented Intelligence for Prior Authorization</td>
<td>Adopted as Amended with Change in Title.</td>
<td>“Use of Augmented Intelligence for Prior-Authorization D-480.956” (formerly resolution 721) will be considered alongside a separate recently adopted alternate resolution from A-23 that is associated with the topic of augmented intelligence. Our AMA staff and the Council on Legislation are currently focused on an AI specific principles in-depth deliverable, that will be the basis for a Board report for A-24. Additionally, our AMA sent a letter to the National Association of Insurance Commissioners (NAIC) highlighting this new policy and encouraging the NAIC to incorporate high levels of scrutiny when AI is used for utilization management purposes into its governance and regulatory oversight models. At the November 2023, the AMA Board of Trustees approved a set of advocacy principles developed by the Council on Legislation (COL) that serve as the framework for BOT Report 15-A-24, with a section dedicated to the use of AI by payers, including for prior authorization. These principles have been incorporated into this Board Report, with the goal of incorporating them into official AMA policy at the Annual Meeting.</td>
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<tr>
<td>RES 723-A-23</td>
<td>Vertical Consolidation in Health Care - Markets or Monopolies</td>
<td>Alternate Resolution 723 Adopted in Lieu of Resolution 723.</td>
<td>Our AMA continues to advocate against anticompetitive business practices that have the potential to adversely affect the physician-patient relationship, to result in higher costs or decreased quality of care, or are not in the best interest of patients, the public, and/or physicians. In one example, on September 18, 2023, AMA submitted comments to the FTC/DOJ on their newly proposed merger guidelines. AMA staff continue to assess the drafting of model state legislation that prohibits anticompetitive business practices within the health care sector.</td>
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<td>RES 725-A-23</td>
<td>The Economics of Prior Authorization</td>
<td>Referred.</td>
<td>A Council on Medical Services Report on this subject will be prepared for consideration by the House of Delegates at the 2024 Annual Meeting.</td>
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</tbody>
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